Fill in this information to identify your case:							
Debtor 1	Jonathan Adam Crabtree						
Debtor 2 (Spouse, if filing)	Meagan Laurel Crabtree						
United States B	ankruptcy Court for the:	Eastern District of Tennessee					
Case number (if known)							

Check one	box only	as	directed	in	this	form	and	in	Form
122A-1Sup	p:								

- 1. There is no presumption of abuse
- □ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test* Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

Debtor 2 or

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Debtor 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

nc	non-filing spouse
0 \$	\$5,067.66
0 \$	\$0.00
0 \$_	\$0.00
0 \$	\$0.00
0 \$	\$0.00
0 \$	\$ 0.00
_	. ;

Case 3:23-bk-30262-SHB Doc 6 Filed 02/17/23 Entered 02/17/23 13:38:36 Desc Page 2 of 3 Main Document

Jonathan Adam Crabtree

Debtor 1 Debtor 2	Meagan Laurel Crabtree			Case numbe	er (if known)			
				Column A Debtor 1		Column B Debtor 2 non-filing	or	
8. Un	employment compensation			\$	0.00	\$	0.00	
the	not enter the amount if you contend that Social Security Act. Instead, list it here:		oenefit under					
F	or you	\$	0.00					
F	or your spouse	\$	0.00					
9. Per ber not Uni disa pay doe	nsion or retirement income. Do not include it under the Social Security Act. Also, a include any compensation, pension, pay ted States Government in connection wit ability, or death of a member of the unifor paid under chapter 61 of title 10, then in a sonot exceed the amount of retired pay to the string under any provision of title 10 other	ude any amount received that except as stated in the next stated in the next stated in the next standard paid in the next standard paid in a disability, combat-related med services. If you received clude that pay only to the exto which you would otherwise	entence, do by the I injury or d any retired tent that it	\$	0.00	\$	0.00	
Do rec dor Uni disa	ome from all other sources not listed a not include any benefits received under t eived as a victim of a war crime, a crime nestic terrorism; or compensation pensic ted States Government in connection wit ability, or death of a member of the unifor irces on a separate page and put the total	he Social Security Act; paymagainst humanity, or internat in, pay, annuity, or allowance h a disability, combat-related med services. If necessary, l	nents ional or e paid by the I injury or					
	SSDI (\$2,191)			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages	s, if any.	+	\$	0.00	\$	0.00	
ead	culate your total current monthly inco the column. Then add the total for Column	A to the total for Column B.	\$	0.00	+ \$ _	5,067.66	Total incom	5,067.66
Part 2:	Determine Whether the Means Tes							
	culate your current monthly income for a copy your total current monthly income	•	•	Сор	y line 11	here=>	\$	5,067.66
	Multiply by 12 (the number of months in a year)						X	12
12b	12b. The result is your annual income for this part of the form					12	2b. \$	60,811.92
13. Cal	culate the median family income that	applies to vou. Follow these	stens:					
	in the state in which you live.	TN						
Fill	in the number of people in your househo	d. 4						
То	in the median family income for your stat find a list of applicable median income ar this form. This list may also be available	nounts, go online using the li		in the separ	ate instru	13 ctions	3. \$	88,698.00
14. Ho	w do the lines compare?							
14a	Line 12b is less than or equal to Go to Part 3. Do NOT fill out or		1, check box	1, There is	no presui	mption of abເ	ıse.	
14b	14b. \square Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A–2.							
Part 3:	Sign Below							
	By signing here, I declare under penalt	y of perjury that the informati	on on this sta	atement and	in any at	tachments is	true and c	orrect.
	X /s/ Jonathan Adam Crabtree		X /s/ Mea	gan Laure	l Crabtre	ee		
	Jonathan Adam Crabtree			n Laurel C				

Debtor 1 Debtor 2	Jonathan Adam Crabtree Meagan Laurel Crabtree		Case number (if known)					
	Signature of Debtor 1		Signature of Debtor 2					
Da	te February 17, 2023	Date	February 17, 2023					
	MM / DD / YYYY		MM / DD / YYYY					
	If you checked line 14a, do NOT fill out or file Form 122A-2.							
	If you checked line 14b, fill out Form 122A-2 and file it with this form.							